



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

FIRST RESPONDER CERTIFICATION

Check the appropriate box: ☐ Initial Certification ☐ Continuous Certification
FEE: \$30.00

Fees are nonrefundable - Cash or Money Order Only- NO PERSONAL CHECKS ACCEPTED

Legal Name: _____
Last First Middle Sex (M/F)

Address: _____
Home Address City State Zip
Mailing Address (if different) City State Zip

Date of Birth: ____/____/____ Phone #: _____ Drivers License # _____

SSN #: _____ EMS Employer: _____

- ☐ Yes ☐ No Has your Driver's License ever been denied, suspended or revoked?
If "Yes," attach original (not copy) of your current DMV printout with a detailed explanation.
- ☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor not previously reported to ICEMA?
If "Yes," attach a detailed explanation. If conviction was the result of a traffic violation, attach original (not copy) of your current DMV printout.
- ☐ Yes ☐ No Have you ever been denied certification anywhere in the United States as a certified/licensed EMS prehospital provider or had your certification suspended, revoked or put on probation as a certified/licensed EMS prehospital provider?
If "Yes," attach a detailed explanation.
- ☐ Yes ☐ No Have you completed a Department of Justice (DOJ) Live Scan background check or previously submitted a fingerprint card for ICEMA?
- ☐ Yes ☐ No Have you been or are you currently certified as an EMS prehospital provider?
If "Yes," Name of Certifying Authority: _____
Cert. #: _____ Exp. Date ____/____/____

If there are no unusual circumstances, applications should be processed within 15 days following receipt of completed application *and* supporting documentation. Those individuals waiting for Live Scan results may experience longer delays due to DOJ processing. All fees are nonrefundable and nontransferable.

OFFICE USE ONLY: BCLS Exp. Date _____
Cert. No. _____ Effective _____
Accounting _____ Exp. Date _____

INSTRUCTIONS FOR FIRST RESPONDER CERTIFICATION
Please Read Thoroughly and Completely
Incomplete Applications Will Not Be Accepted and Will Be Returned

ICEMA must receive your completed application within two (2) years of course completion

SUBMIT THE FOLLOWING FOR INITIAL CERTIFICATION:

- ☐ Completed original application
- ☐ Copy of course completion certificate
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Proof of Live Scan submission
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of front and back of signed CPR card **
- ☐ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats*
- ☐ Copy of current FIRST RESPONDER certification card, or any EMS certification/licensure cards possessed

SUBMIT THE FOLLOWING FOR RECERTIFICATION/RECIPROCITY:

- ☐ Completed original application
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Original Skills Competency Verification form
- ☐ Copy of front and back of signed CPR**
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of current FIRST RESPONDER certification card, or any other certified/licensed prehospital provider cards possessed
- ☐ Current photo, taken within the last 6 months, D.L. size, no hats or tinted glasses*
- ☐ Complete the FIRST RESPONDER Statement of CE requirements below (*MUST SUBMIT COPIES OF DOCUMENTATION*)

* Photos are taken at ICEMA at no additional charge.

**CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"

Document FIRST RESPONDER Recertification CE Requirements Below AND
Provide Copies of the Roster or CE Certificate from Each Class Attended
(For specific requirements please refer to ICEMA Protocol Reference No.15113)

| Course Title | Provider Name | CE Provider # | Date | Hours |
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Please use supplemental CE form for additional courses

I hereby certify under penalty of perjury that I have read and understand the requirements for certification as a FIRST RESPONDER, and am eligible for such certification in accordance with Sections 100005-100028, not consecutive, of Title 22, Division 9, Chapter 1.5 of the California Code of Regulations. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained herein.

I also hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my certification process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature

Date